

Montana Medicaid - Fee Schedule Optician

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-4 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee.

By Report (BR): Equals 47% of billed charges

Anes Value: Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$24.94.

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

Fees The facility rate is paid to physicians/practitioners providing services in a hospital, emergency room, or ambulatory surgery center site of service. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00.

Global Days – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the global period is per the CPT-4 code descriptor

ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

Space: Global concept does not apply to this code

PA – Prior Authorization

Y: Prior authorization is required

Space - this indicator does not apply to this code

Indicators

Mult - Multiple surgery guidelines do apply

Bilat - Bilateral. The procedure can be done bilaterally

Assist - Assistant. An assistant is allowed for this procedure

Co-Surg - Co-Surgery. A co-surgeon is allowed for this procedure

Team - A team of surgeons is allowed for this procedure

Related - The procedure code listed is separately billable

Y - indicator is applicable to this code

Space - this indicator does not apply to this code

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Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		
					Office	Facility					Assist	CoSurg	Team
V2500		CONTACT LENS PMMA SPHERICAL	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y					
V2501		CNTCT LENS PMMA-TORIC/PRISM	7/1/2000	FEE SCHED	\$74.43	\$0.00		Y					
V2502		CONTACT LENS PMMA BIFOCAL	7/1/2000	FEE SCHED	\$125.69	\$0.00		Y					
V2503		CNTCT LENS PMMA COLOR VISION	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y					
V2510		CNTCT GAS PERMEABLE SPHERICL	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y					
V2511		CNTCT TORIC PRISM BALLAST	7/1/2000	FEE SCHED	\$74.43	\$0.00		Y					
V2512		CNTCT LENS GAS PERMBL BIFOCL	7/1/2000	FEE SCHED	\$125.69	\$0.00		Y					
V2513		CONTACT LENS EXTENDED WEAR	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y					
V2520		CONTACT LENS HYDROPHILIC	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y					
V2521		CNTCT LENS HYDROPHILIC TORIC	7/1/2000	FEE SCHED	\$74.43	\$0.00		Y					
V2522		CNTCT LENS HYDROPHIL BIFOCL	7/1/2000	FEE SCHED	\$125.69	\$0.00		Y					
V2523		CNTCT LENS HYDROPHIL EXTEND	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y					
V2623		PLASTIC EYE PROSTH CUSTOM	7/1/2003	FEE SCHED	\$1,002.93	\$0.00		Y					
V2624		POLISHING ARTIFICAL EYE	6/1/1994	BY REPORT	\$0.00	\$0.00							
V2625		ENLARGEMNT OF EYE PROSTHESIS	6/1/1994	BY REPORT	\$0.00	\$0.00		Y					
V2626		REDUCTION OF EYE PROSTHESIS	6/1/1994	BY REPORT	\$0.00	\$0.00		Y					
V2627		SCLERAL COVER SHELL	4/15/1994	BY REPORT	\$0.00	\$0.00		Y					
V2628		FABRICATION & FITTING	7/1/2003	FEE SCHED	\$292.98	\$0.00		Y					
Z9553		SINGLE VISION LENS SERVICE	7/1/2000	FEE SCHED	\$15.45	\$0.00							
Z9554		BIFOCAL LENS SERVICE	7/1/2000	FEE SCHED	\$19.49	\$0.00							
Z9555		TRIFOCAL LENS SERVICE	7/1/2000	FEE SCHED	\$23.66	\$0.00							
Z9556		CATARACT LENS SERVICE	7/1/2000	FEE SCHED	\$33.90	\$0.00							
Z9557		SINGLE VISION FRAME SERVICE	7/1/2000	FEE SCHED	\$15.45	\$0.00							
Z9558		BIFOCAL FRAM SERVICE	7/1/2000	FEE SCHED	\$19.49	\$0.00							
Z9559		TRIFOCAL FRAME SERVICE	7/1/2000	FEE SCHED	\$23.66	\$0.00							
Z9560		CATARACT FRAME SERVICE	7/1/2000	FEE SCHED	\$33.90	\$0.00							
Z9611		SUPPORT STRAPS FOR EYEGASSES (A	8/1/1997	BY REPORT	\$0.00	\$0.00							
Z9613		HANDLING FEE - WALMAN WARRANTY O	7/1/2000	FEE SCHED	\$3.55	\$0.00							
Z9646		SPECIALTY CONTACT LENS	1/1/1997	FEE SCHED	\$20.00	\$0.00		Y					
92314		PRESCRIPTION OF CONTACT LENS	7/1/2003	RBRVS	\$46.61	\$28.03		Y					
92315		PRESCRIPTION OF CONTACT LENS	7/1/2003	RBRVS	\$38.13	\$18.21		Y					
92316		PRESCRIPTION OF CONTACT LENS	7/1/2003	RBRVS	\$46.58	\$28.56		Y					
92340		FITTING OF SPECTACLES	7/1/2003	RBRVS	\$30.59	\$15.00							
92341		FITTING OF SPECTACLES	7/1/2003	RBRVS	\$34.64	\$19.05							
92342		FITTING OF SPECTACLES	7/1/2003	RBRVS	\$36.95	\$21.67							
92352		SPECIAL SPECTACLES FITTING	7/1/2003	RBRVS	\$0.00	\$0.00							
92353		SPECIAL SPECTACLES FITTING	7/1/2003	RBRVS	\$0.00	\$0.00							